

<p>Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).</p> <h2 style="margin: 0;">FEE TRANSMITTAL</h2> <h3 style="margin: 0;">For FY 2009</h3>		<p>Complete if Known</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Application Number</td> <td>10/590,847-Conf. #3804</td> </tr> <tr> <td>Filing Date</td> <td>August 25, 2006</td> </tr> <tr> <td>First Named Inventor</td> <td>Kyuhai KITAO</td> </tr> <tr> <td>Examiner Name</td> <td>M. C. McCulley</td> </tr> <tr> <td>Art Unit</td> <td>1796</td> </tr> <tr> <td>Attorney Docket No.</td> <td>3273-0227PUS1</td> </tr> </table>		Application Number	10/590,847-Conf. #3804	Filing Date	August 25, 2006	First Named Inventor	Kyuhai KITAO	Examiner Name	M. C. McCulley	Art Unit	1796	Attorney Docket No.	3273-0227PUS1
Application Number	10/590,847-Conf. #3804														
Filing Date	August 25, 2006														
First Named Inventor	Kyuhai KITAO														
Examiner Name	M. C. McCulley														
Art Unit	1796														
Attorney Docket No.	3273-0227PUS1														
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27															
TOTAL AMOUNT OF PAYMENT (\$) 940.00															

METHOD OF PAYMENT (check all that apply)	
<input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____	
<input checked="" type="checkbox"/> Deposit Account Deposit Account Number: 02-2448 Deposit Account Name: Birch, Stewart, Kolasch & Birch, LLP	
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)	
<input checked="" type="checkbox"/> Charge fee(s) indicated below <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee	
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 <input checked="" type="checkbox"/> Credit any overpayments	

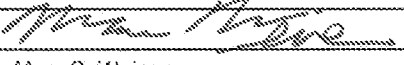
FEE CALCULATION							
1. BASIC FILING, SEARCH, AND EXAMINATION FEES							
Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	330	165	540	270	220	110	
Design	220	110	100	50	140	70	
Plant	220	110	330	165	170	85	
Reissue	330	165	540	270	650	325	
Provisional	220	110	0	0	0	0	

2. EXCESS CLAIM FEES		
Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 (including Reissues)	52	26
Each independent claim over 3 (including Reissues)	220	110
Multiple dependent claims	390	195

Total Claims 7 Extra Claims - 22 or HP = _____ Fee (\$) _____ Fee Paid (\$) _____		Multiple Dependent Claims Fee (\$) _____ Fee Paid (\$) _____	
HP = highest number of total claims paid for, if greater than 20			
Indep. Claims 1 Extra Claims - 3 or HP = _____ Fee (\$) _____ Fee Paid (\$) _____			
HP = highest number of independent claims paid for, if greater than 3.			

3. APPLICATION SIZE FEE				
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$270 (\$135 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).				
Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fees Paid (\$)
_____	- 100 = _____	/ 50 = _____ (round up to a whole number) x _____ = _____		

4. OTHER FEE(S)		Fees Paid (\$)
Non-English Specification, \$130 fee (no small entity discount)		
Other (e.g., late filing surcharge): 1801 Request for continued examination (RCE) (see 37 ...		810.00
1251 Extension for response within first month		130.00

SUBMITTED BY			
Signature		Registration No. (Attorney/Agent)	32,181
Name (Print/Type)	Marc S. Weiner	Telephone	(703) 205-8000
		Date	January 28, 2010